

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF

ERIC HINES

DEFENDANT

GARY M. LANIGAN ET AL.

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE: SUMMONS + COMPLAINT

SHARMA LIE PERERA, MD

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

NJ DEPARTMENT OF CORRECTIONS

WHITTIESEY ROAD

TRENTON, NJ 08625

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

ERIC HINES # 663508/146993B  
SOUTH WOODS STATE PRISON  
215 SOUTH BURLINGTON ROAD  
BRIDGETON, NJ 08625

Number of process to be  
served with this Form - 285

1

Number of parties to be  
served in this case

38

Check for service  
on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):

Fold

SHARMA LIE PERERA, MD IS REGIONAL DIRECTOR OF  
MEDICAL, FOR THE NJ DEPARTMENT OF CORRECTIONS LOCATED  
AT ABOVE STATED ADDRESS.

2020 JUL 29

Signature of Attorney or other Originator requesting service on behalf of:

Eric Hines

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

7/23/20

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total  
number of process indicated.(Sign only first USM 285 if more  
than one USM 285 is submitted)

Total Process

146/16

District  
of Origin

No. 080

District  
to Serve

No. 080

Signature of Authorized USMS Deputy or Clerk

Date

8/18/10

I hereby certify and return that ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and dis-  
cretion then residing in the defendant's  
usual place of abode.

Address (complete only if different than shown above)

Date of Service

3/5/2021

Time

1:30

am

Signature of U.S. Marshal or Deputy

Mark D. Ph

Service Fee.

\$130.00

Total Mileage Charges  
(including endeavors)

Forwarding Fee

\$5.00

Total Charges

\$135.00

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS:

Endeavors 12/17/20: Sheriff's From D.O.C. (Whittlesey Rd.) building (opp. East Jersey State)  
Forward to Newark for service - 1/4/21

IN JOIS